

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>AM</i>	<i>SC 11</i>	<i>11-17-00</i>

*MO 40 SC 11 676**09/23/01  
87/10/01***INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

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**BEST AVAILABLE COPY**If more than 150 claims or 10 actions  
staple additional sheet here